

## Basketball Camp BT Bullock School Gym BOYS & GIRLS

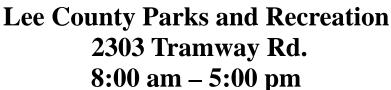
November 9th, 10th & 11th Ages 9–14

November 16th, 17th & 18th Ages 5-8



6:30 PM—8:30 PM

\$25 Per Participant (Make checks payable to LCPR)



For More Information Call (919) 775-2107 Ext. 4206

This is a non-school material that is neither endorsed nor necessarily reflective of the views of Lee County Schools.



## LCPR BASKETBALL CAMP

GIRLS & BOYS

AGES 9-14

NOVEMBER 9TH, 10TH & 11TH

AGES 5-8

NOVEMBER 16TH, 17TH & 18TH 6:30 PM - 8:30PM Cost \$25.00 PER CHILD

PARTICIPA	NT'S NAME_			<u></u>
SEX	AGE	BIRTHDATE	SHIRT SIZE	
ADDRESS		E	-MAIL:	
CELL PHONE #		HOME	HOME PHONE #	
PARENT'S				
	WARNING	<u>s, Liability, Release, and</u>	ACKNOWLEDGMENT AND ASSU	<u>MPTION OF RISKS</u>
INCLUDE C SCRATCHE SULT A PHY FIRM I AM Y FOLLOW A COACHES A IN THIS PRO ANY LEGAL FOR BODIL	COLLISION WITT S, BRUISES, ET YSICIAN FOR A WILLING TO AS LL RULES AND AND SUPERVISI DGRAM, I AGRE . RIGHTS I MAY Y INJURY OR D	HOTHER PLAYERS, BEING C. I FURTHER UNDERSTAN DVICE. BY SIGNING THIS FOUNDERS OF THE PROCEDURES OF THE PROPOSED OF THE PROGRAM. FUR FOR MYSELF, AND FOR MEAVE TO SEEK PAYMENT CEATH RESULTING FROM THE COMMENT OF THE PROSED OF THE PROPOSED OF THE PAYMENT OF THE PROMENT OF THE PROPOSED OF THE PAYMENT OF THE PROPOSED OF THE PAYMENT OF THE PROPOSED OF THE PAYMENT OF THE	HIT BY THE BALL, FALLING TO D THAT BEFORE PARTICIPATING ORM, I ACKNOWLEDGE ALL RISK OULD INJURY OR DEATH RESULT ROGRAM AND TO FOLLOW REAST JETHERMORE, IN RETURN FOR THE HEIRS, ASSIGNS, EXECUTORS, OF ANY KIND FROM THE COUNTY IS PROGRAM, AND TO RELEASE TOR DEATH. I UNDERSTAND THAT	HE RISK OF INJURY. THESE RISKS THE GROUND OR INTO A FENCE, IN THIS PROGRAM I SHOULD CON- IS OF INJURY AND DEATH AND AF- IF FROM THEM. I ALSO AGREE TO SONABLE INSTRUCTIONS OF THE HE OPPORTUNITY TO PARTICIPATE AND ADMINISTRATORS, TO WAIVE ITS EMPLOYEES, OR ITS AGENTS THOSE PARTIES FROM ANY LIABIL- INO INSURANCE IS PROVIDED BY Y
CICKIATUDI	_			
SIGNATURE	<b>=</b>	PARENT/GUARDIAN		
DATE		PARENT/ GUARDIAN		200 5
ments and a		P.O. BOX 1968 SANFORD, NC 2 firm your acceptance of the c "Total Payment" amount inc		

Date

Signature of Parent or Guardian